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FILE CPATENT

Attorney Docket No. HOOV 117

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Michael D. Hoover

Serial No.: 10/015,868

Filed: December 12, 2001

Examiner:

Art Unit: 3739

For: TRANSMURAL ABLATION DEVICE WITH

THIN ELECTRODES

Commissioner for Patents Washington, D.C. 20231

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents Washington, D.C. 20231 on:

on \_\_\_\_\_June 26, 2002

Kristine Callahan

Date: <u>June 26, 2002</u>

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TECHNOLOGY CEN -- R3700

## REQUEST FOR CORRECTED UPDATED FILING RECEIPT

Dear Sir:

There is an error in the Updated Filing Receipt received for the above-identified patent application.

The Updated Filing Receipt incorrectly indicates that this application is a CIP of 10/032,372, filed December 21, 2001. In fact, this application is a CIP of 10/032,378, which was filed on October 26, 2001. Correction of the Filing Receipt is respectfully requested.

A copy of the Filing Receipt indicating the requested corrections is attached.

Respectfully submitted,

tephen B. Heller

Registration No. 30,181

COOK, ALEX, McFARRON, MANZO, CUMMINGS & MEHLER, LTD. 200 West Adams Street - Suite 2850 Chicago, IL 60606 (312) 236-8500



# UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS

UNITED STATES PATENT AND TRADEMARK OFFICE WASHINGTON, D.C. 20231

**UPDATED FILING RECEIPT** 

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IND CLAIMS **GRP ART UNIT** FIL FEE REC'D ATTY.DOCKET.NO DRAWINGS TOT CLAIMS APPLICATION NUMBER FILING DATE 435 **HOOV 117** 3739 10/015.868 12/12/2001

**CONFIRMATION NO. 7290** 

26568

COOK, ALEX, MCFARRON, MANZO, CUMMINGS & MEHLER LTD

**SUITE 2850** 

200 WEST ADAMS STREET

CHICAGO, IL 60606

JUL 0 5 2002

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Date Mailed: 05/01/2002

X. McFARRON.

MANZO, CUMMINGS & MEHLER

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TECHNOLOGY CONTER R3700

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Michael D. Hooven, Cincinnati, OH;

#### Domestic Priority data as claimed by applicant

THIS APPLICATION IS A DIV OF 10/038,506 11/09/2001 WHICH IS A CIP OF 10/032,372 12/21/2001 - 10/032,378 WHICH IS A CIP OF 09/844,225 04/27/2001 WHICH IS A CIP OF 09/747,609 12/22/2000 WHICH CLAIMS BENEFIT OF 60/200,072 04/27/2000

(\*)Data provided by applicant is not consistent with PTO records.

Foreign Applications

If Required, Foreign Filing License Granted 03/08/2002

Projected Publication Date: 08/08/2002

Non-Publication Request: No

Early Publication Request: No

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10/26/2001





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Bib Data Sheet

**CONFIRMATION NO. 7290** 

SERIAL NUMBER 10/015,868	FILING DATE 12/12/2001 RULE	CLASS 606	GROUP ART UNIT 3739			ATTORNEY DOCKET NO. HOOV 117		
## CONTINUING DATA **********************************								
F REQUIRED, FOR  ** 03/08/2002  Foreign Priority claimed  35 USC 119 (a-d) condition: met  /erified and Acknowledged  EDDRESS	STATE OR COUNTRY OH	SHEETS TOT. DRAWING CLAI 63 6		MS	INDEPENDENT CLAIMS 2			
TITLE Transmural ablation device with thin electrodes								
FILING FEE RECEIVED No to charge/credit DEPOSIT ACCOUNT No for following: 1.18 Fees (  1.18 Fees (			Proce	essing Ext. of				



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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, DC 20231

APPLICATION NUMBER FILING DATE FIRST NAMED APPLICANT ATTY. DOCKET NO./TITLE

10/015,868

12/12/2001

Michael D. Hooven

**HOOV 117** 

**CONFIRMATION NO. 7290** 

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26568
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Date Mailed: 06/24/2002

## RESPONSE TO REQUEST FOR CORRECTED FILING RECEIPT

## Claims, Fees, and Inventors

	response to your request for a corrected Filing Receipt, the Office is unable to comply with the equest because:
	The total number of claims appearing on the Filing Receipt does not include multiple dependent claims. The total fee appearing on the Filing Receipt includes the cost of multiple dependent claims that were present at the time the application was filed.
	The filing fee is correct. It may include additional claims fees and/or the surcharge under 37 CFR 1.16(e) for filing an oath/declaration or basic filing fee after the application filing date; or it may not reflect fees refunded to the applicant that were paid by mistake.
	The number of claims reflected on the filing receipt is correct. Upon review of the claims, it was found that there was a miscalculation by the applicant. This may be due to improperly presented multiple dependent claims, typographical error, misnumbering of the claims, or other oversight. An amendment may be necessary to correct the problem.
	The filing fee reflected on the filing receipt is correct. Applicant may have miscalculated the fees due.
	Applicant calculated fees as other than small entity; however, applicant asserted small entity status in the application. Therefore, fees were applied as small entity and the remainder was refunded to the applicant.
	The difference between the fees paid and the fees due was refunded to the applicant and will not be shown on the filing receipt.
<u></u>	The inventor information may be truncated if the family name consists of more than 50 characters (letters and spaces combined) and if the given name consists of more than 50

characters (letters and spaces combined).
The inventor's residence allows for up to 40 characters (letters and spaces combined).
The inventor's residence will only include the city and state for U.S. residences or city and country for residences outside the U.S. (See MPEP 605.02).
A petition to correct the inventorship is needed to make this change. See 37 CFR 1.48. For non-provisional applications, the petition should be directed to the Director of the examining group assigned to your application.
Changes made after submission of an executed declaration to the inventor information other than correction of typographical errors must be submitted in the form of a substitute declaration. Change of inventorship requires a petition under 37 CFR 1.48.
The number of drawings shown on the filing receipt reflects the number of drawing sheets submitted and is not necessarily equal to the number of figures submitted.
The correspondence address was captured as directed by applicant on filing. If you wish correspondence to be directed otherwise, please submit a request for a change of address.
The docket number allows a maximum of 25 characters.
The person signing on behalf of the deceased inventor is reflected on the Filing Receipt as the legal representative.
The filing date of a parent application cannot be changed by this request. A petition to correct the filing date in the parent application is required.
Nega Karonas

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Office of Initial Patent Examination
(703) 308-1202